

Grumman Aerospace Corporation

Bethpage, New York 11714-3582

Joseph Cosentino, OSC.
Removal Action Branch
Emergency and Remedial Response Division
U.S. Environmental Protection Agency, Region II
2890 Woodbridge Avenue
Edison, NJ 08837

Re: Request for Information dated 9/28/95
Bayonne Barrel and Drum Superfund Site

Dear Mr. Cosentino:

This letter will confirm our telephone conversation of yesterday in which we agreed that Grumman Aerospace Corporation's time to respond to the above-referenced 104(e) request would be extended until November 15, 1995.

Thank you for your cooperation on this matter.

Very truly yours,

R. Scerra for
A. Gershonowitz
Aaron Gershonowitz



Z 085 459 007



Receipt for Certified Mail

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SB

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PS Form 3800, March 1993

5132

5460967621



SENDER'S FEDERAL EXPRESS ACCOUNT NUMBER 171 923 875		Date 10/27/95
From (Your Name) Please Print J. Cofman		Your Phone Number (Very Important) 516 559 8200
Company GRUMMAN Environmental Tech. & Compliance		Department/Floor No.
Street Address 1111 STEWART AVE		City BETHPAGE
State NY	ZIP Required 1 1 7 1 4	
To (Recipient's Name) Please Print Mr. Joseph Cosentino, OSC.		Recipient's Phone Number (Very Important)
Company Removal Action Branch U.S. Environmental Protection Agency, Region II		Department/Floor No.
Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.) 2890 Woodbridge Avenue		City Edison
State NJ	ZIP Required 08837	

YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice.)

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5 <input type="checkbox"/> Cash/Check 6 <input type="checkbox"/> FedEx Credit Card No.	7 <input type="checkbox"/> Exp. Date

SERVICES (Check only one box) Priority Overnight (Delivery by next business morning) 11 <input type="checkbox"/> OTHER PACKAGING 16 <input checked="" type="checkbox"/> FEDEX LETTER 12 <input type="checkbox"/> FEDEX PAK 13 <input type="checkbox"/> FEDEX BOX 14 <input type="checkbox"/> FEDEX TUBE Economy Two-Day (Delivery by second business day) 30 <input type="checkbox"/> ECONOMY Government Overnight (Restricted for authorized users only) 46 <input type="checkbox"/> GOVT LETTER 41 <input type="checkbox"/> GOVT PACKAGE Freight Service (for packages over 150 lbs) 70 <input type="checkbox"/> OVERNIGHT FREIGHT 80 <input type="checkbox"/> TWO-DAY FREIGHT		DELIVERY AND SPECIAL HANDLING (Check services required) 1 <input type="checkbox"/> HOLD AT FEDEX LOCATION WEEKDAY (Fill in Section H) 2 <input checked="" type="checkbox"/> DELIVER WEEKDAY Saturday Service 31 <input type="checkbox"/> HOLD AT FEDEX LOCATION SATURDAY (Fill in Section H) 3 <input type="checkbox"/> DELIVER SATURDAY (Extra charge) (Not available to all locations) 9 <input type="checkbox"/> SATURDAY PICK-UP (Extra charge) Special Handling 4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge) 6 <input type="checkbox"/> DRY ICE (Dangerous Goods Shipper's Declaration not required) 12 <input type="checkbox"/> HOLIDAY DELIVERY (If offered) (Extra charge)		PACKAGES WEIGHT In Pounds Only Total Total DIM SHIPMENT (Chargeable Weight) lbs. Regular Stop <input checked="" type="checkbox"/> B.S.C. <input type="checkbox"/> On-Call Stop <input type="checkbox"/> Station <input type="checkbox"/>		Emp. No. Date Federal Express Use Base Charges Declared Value Charge Other 1 Other 2 Total Charges REVISION DATE 4/94 PART #145412 WCSL 0495 FORMAT #160	
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DESTINATION COPY

5132

5460967621



Date 10/27/95			
From (Your Name) Please Print J. Cofman		Your Phone Number (Very Important) XXXXXXXXXX	
Company GRUMMAN		Department/Floor No. 2	
Street Address 1111 STEWART AVE		City BETHPAGE	
State NY		ZIP Required 1 1 7 1 4	
To (Recipient's Name) Please Print Mr. Joseph Cosentino, OSC.		Recipient's Phone Number (Very Important) 5	
Company Removal Action Branch		Department/Floor No. U.S. Environmental Protection Agency, Regional	
Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.) 2890 Woodbridge Avenue		City Edison	
State NJ		ZIP Required 08837	

YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on Invoice.) Dpt. 5822				H IF HOLD AT FEDEX LOCATION, Print FEDEX Address Here Street Address City State ZIP Required	
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SERVICES (Check only one box)		DELIVERY AND SPECIAL HANDLING (Check services required)		PACKAGES WEIGHT in Pounds Only YOUR DECLARED VALUE (See right)		Emp. No. <input type="checkbox"/> Cash Received <input type="checkbox"/> Return Shipment <input type="checkbox"/> Third Party <input type="checkbox"/> Chg. To Del. <input type="checkbox"/> Chg. To Hold Street Address City State Zip Received By: Date/Time Received FedEx Employee Number		Federal Express Use Base Charges Declared Value Charge Other 1 Other 2 Total Charges			
Priority Overnight (Delivery by next business morning) 11 <input type="checkbox"/> OTHER PACKAGING 16 <input checked="" type="checkbox"/> FEDEX LETTER* 12 <input type="checkbox"/> FEDEX PAK* 13 <input type="checkbox"/> FEDEX BOX 14 <input type="checkbox"/> FEDEX TUBE		Standard Overnight (Delivery by next business afternoon, no Saturday delivery) 51 <input type="checkbox"/> OTHER PACKAGING 56 <input checked="" type="checkbox"/> FEDEX LETTER* 52 <input type="checkbox"/> FEDEX PAK* 53 <input type="checkbox"/> FEDEX BOX 54 <input type="checkbox"/> FEDEX TUBE		Weekday Service 1 <input type="checkbox"/> HOLD AT FEDEX LOCATION WEEKDAY (Fill in Section H) 2 <input checked="" type="checkbox"/> DELIVER WEEKDAY Saturday Service 31 <input type="checkbox"/> HOLD AT FEDEX LOCATION SATURDAY (Fill in Section H) 3 <input type="checkbox"/> DELIVER SATURDAY (Extra charge) (Not available to all locations) 9 <input type="checkbox"/> SATURDAY PICK-UP (Extra charge)		Special Handling 4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge) 6 <input type="checkbox"/> DRY ICE Dangerous Goods Shipper's Declaration not required Freight Service (For packages over 150 lbs.) 70 <input type="checkbox"/> OVERNIGHT FREIGHT** 80 <input type="checkbox"/> TWO-DAY FREIGHT**		DIM SHIPMENT (Chargeable Weight) <input type="checkbox"/> _____ lbs. L x W x H Dry Ice, S, UN 1845, _____ X _____ kg. 904 II <input type="checkbox"/> DESCRIPTION 12 <input type="checkbox"/> HOLIDAY DELIVERY (If offered) (Extra charge)		REVISION DATE 4/94 PART #145412 WCSL 049 FORMAT #160 160 © 1993-94 FEDEX PRINTED IN U.S.A.	

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ATTN: SUZANNE BECKER

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